PHILADELPHIA NEUROLOGICAL SOCIETY.

January 27, 1903.

The President, Dr. John K. Mitchell, in the chair.

Some New Reflexes.—Dr. D. J. McCarthy demonstrated a new spino-muscular phenomenon. He had found that tapping over the lower lumbar enlargement of the spinal cord, when the first, second or third lumbar vertebra is reached there is a simultaneous contraction of the semitendinosus and semimembranosus muscles.

He also demonstrated that in the case of muscles having a tendonous origin and insertion a reflex may be elicited by striking at either end. This was shown in the adductor of the leg and in the sartorius.

Certain reflexes about the ear and jaw were also referred to.

Paradoxical Reaction of the Pupil in Accommodation.—Dr. William G. Spiller referred to the observations of Vysin of what he had termed perverse reaction of the pupil in accommodation. That observer had seen the phenomenon in two cases and probably no other cases are to be found in the literature. The reaction consists in contraction of the pupil on fixing a far object and in dilatation on fixing a near object. One of the cases reported by Vysin was a traumatic neurosis and the other a case of migraine. In the second case the perverse reaction was present only during the attack.

Dr. Spiller said he had seen this reaction in three cases. One case was that of a woman with organic disease of the spinal cord. The second case was one of mild hysteria, and in this and the following case the observation was confirmed by Dr. W. C. Posey. The third case was in a perfectly healthy person. Dr. Spiller had found that in at least two of these cases, when the patient with one eye covered looked at the point of the nose with the other eye the pupil dilated, while if both eyes were open there was the ordinary contraction of the pupil in convergence. The paradoxical reaction is not the contraction of the pupil which occurs when the eyeball turns upward to which Dr. McCarthy has called attention. This may be an element in the so-called Piltz-Westphal reaction, which consists in contraction of the pupil in forcible closure of the lids, as when the lids are closed the eyeball turns upward.

Two Cases of Huntington's Chorea with the Pathologic Examination in One Case.—This report was made by Drs. C. W. Burr and D. J. McCarthy. The first patient was seen in 1889. The father had had marked Huntington's chorea and was quite demented. He had four sons. The first died before the age of eighteen years of acute infection. The second son is fifty-two years old and has had Huntington's chorea since 1888, but mental symptoms did not appear until two or three years ago. The third brother developed Huntington's chorea ten years ago and committed suicide. The fourth brother, now forty years of age, is in the early stages of the same disease.

Another clinical observation made was that during the fall of last year the patient developed symptoms of acute excitation with delusions of grandeur and marked motor weakness. This continued two or three months, and then practically disappeared, and the patient is able to be about with some minor delusions.

The man from whom the specimens were obtained was aged forty-two years. He had been an inmate of the Insane Department of the Philadelphia Hospital. A sister aged forty-eight years has had chorea for five or six years. Other members of the family had suffered from the same disease. Dr. McCarthy described the pathological changes he had found in the brain from this case.

Dr. William G. Spiller said that some years ago he had examined the specimens from a typical case of Huntington's chorea in the service of Dr. Dercum, and had found the lesions very slight. He doubted very much whether the lesions found could be considered as the direct cause of the chorea.

Hemiplegia with Sweating on the Palsied Side of the Head and Opposite Shoulder.—This case was exhibited by Dr. Wilfred W. Hawke. The patient was a white male aged fifty-two years. He had had a stroke affecting the right side in 1885, and later had a second stroke affecting the left side. The sweating involved the right side of the face and the left shoulder.

A Case of Multiple Fibromata Confined to the Internal Plantar Nerve.—This paper was read by Drs. Wm. J. Taylor and William G. Spiller. (See page 204.)

The Histopathological Changes in the Cerebral Cortex of Epileptics and their Interpretation, with Demonstration of the Lesion.—This paper was read by Drs. L. Pierce Clark and T. P. Prout.

Dr. William G. Spiller said that he had understood from the paper that the changes found were in the granular layer and not in the pyramidal cells or in the cells of Betz. From Dr. Prout's remarks he gathered that the action of the bromides was supposed to be on the the sensory portion of the reflex arc, and that therefore the cells of the granular layer, according to Dr. Prout, might be regarded as sensory.

He asked whether the changes found were more distinct in any one portion of the cortex; for instance, in psychical epilepsy were the cells of the frontal lobes more markedly affected; or in epilepsy with a visual aura were the cells of the visual cortex more altered? He called attention to the fact that the bromides had been found to produce changes in the nerve cells of the cortex, but he was not aware that these changes were especially marked in the granular layer.

Dr. William Pickett referred to the statement made, that the gravity of epilepsy should be measured by the mental symptoms. Trousseau has been credited with originating the teaching that the mental symptoms are more prominent in minor epilepsy than in the major form. Esquirol also pointed out that epileptic insanity progresses more rapidly in cases with the minor attacks than it does where major attacks occur early. Dr. Pickett had himself seen a number of cases of epileptic insanity associated with minor attacks.

Dr. T. P. Prout said with regard to the distribution of the lesions in epilepsy, that his studies had shown that the lesions were not limited to any one portion of the cortex but were general in their distribution. The special involvement of certain areas may in the future be proven, but nevertheless the whole cortex is involved.

With regard to the second, or granular layer, while he hesitated to ascribe distinct sensory functions to this layer, yet he felt that he was justified in considering that the cells of the granular layer have a sensory character in the main. In the experiments made by Prus some three years ago, this experimenter found that after penciling the surface of the motor cortex with cocaine he was no longer able to produce epileptic explosions by cortical irritation with the electric current. He was still able, however, to get a motor response in the corresponding muscles in the extremities. One of his conclusions was that epilepsy is essentially a sensory phenomenon.

Dr. L. Pierce Clark said it was unfortunate in many respects, especially as to accuracy in measuring the severity of the epilepsy, that the character of muscular movements in the fit was made the basis of classification. Many types of seizures in which little or no appreciable convulsions occur are accompanied by psychosensory changes of the most regrettable sort. Indeed Esquirol and Delasiauve had long ago declared the so-called minor attacks most disastrous to mental integrity. Nervous discharges in the re-represented frontal brain centers can be attended and followed by mental changes only of the tissues undergoing degradation, which are impairment in judgment, self-control and memory. To illustrate the modern trend of emphasizing the sensory and psychosensory changes in epilepsy, at the Craig Colony it had been a matter of custom for some time to base the severity of prognosis of the individual case upon the mental changes present, rather than upon the type of convulsive movements.